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FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK



THE NEW ZEALAND REGISTRATION ACT

WE promised a short time ago to give the New Zealand act relating to nurses as soon as final word came from Mrs. Neill. Her letter, extracts from which are given below, has just come to hand, with the act as finally passed.

“INSPECTOR-GENERAL’S OFFICE,
“WELLINGTON, N. Z.

“DEAR JOURNAL: I send a copy of our Nurses’ Registration Act as it finally passed. It was a good deal mangled in its passage through the House of Representatives; still, it survived, and that is something gained. I do hope that our little country’s venture in State registration will help to urge on you great big old countries in the same direction.

“The Congress number of the JOURNAL excelled itself. . . . With every good wish for the new year,

“Believe me,

“Yours very sincerely,

“GRACE NEILL.”

“1901, No. 12.

“AN ACT to provide for the Registration of Trained Nurses in New Zealand.
[12th September, 1901.

“*Be it enacted* by the General Assembly of New Zealand in Parliament assembled, and by the authority of the same, as follows:

“1. The short title of this act is “The Nurses’ Registration Act, 1901.”

“2. In this act, unless inconsistent with the context,—

“‘Hospital’ means a public hospital within the meaning of ‘The Hospitals and Charitable Institutions Act 1885 Amendment Act, 1886,’ and includes such other hospitals the proprietors of which consent to such hospitals being open to inspection under ‘The Hospitals and Charitable Institutions Act, 1885,’ as may be approved by the Governor in Council:

“‘Minister’ means the Minister for the time being in charge of hospitals:

“‘Registrar’ means the Inspector-General of Hospitals in New Zealand.

“3. (1) The Registrar shall from time to time cause the names of all duly qualified nurses to be registered in a book to be kept by him at his office for that purpose, and to be called ‘The Nurses’ Register of New Zealand.’

“ (2) Such register shall show the name and address and qualifications of each nurse entered therein, and where and when she was trained.

“ (3) A copy of the register shall be published in the *Gazette* annually in the month of January.

“4. (1) Every person who, on the coming into operation of this act, holds

a certificate of three consecutive years' training as a nurse in a hospital, and proves to the satisfaction of the Registrar that during her training she received systematic instruction in theoretical and practical nursing from the medical officer and matron, is entitled to registration on payment of a fee of ten shillings, and on application to the Registrar on or before the thirtieth day of June, one thousand nine hundred and two:

" Provided that nurses who are absent from the colony in the Imperial service shall be allowed to apply under this subsection at any time within three years of the coming into operation of this act.

" (2) Every person who, on the coming into operation of this act, has had four consecutive years' training as a nurse in a hospital, and passes an examination in theoretical and practical nursing by examiners appointed by the Governor under this act, is entitled to registration on payment of a fee of one pound towards the cost of examination.

" (3) From and after the coming into operation of this act every person who has attained the age of twenty-three years, and is certified as having had three-years' training as a nurse in a hospital, together with systematic instruction in theoretical and practical nursing from the medical officer and the matron of that hospital, and who passes an examination from time to time held by examiners appointed under this act, is entitled to registration on payment of a fee of one pound.

" (4) Every person is entitled to registration, on payment of a fee of one pound, who holds a certificate from the medical officer or authorities of any hospital out of New Zealand recognized by the Minister under any regulations under this act, if equivalent in training and examination to what is required from New Zealand nurses under this act.

" 5. For the purpose of enabling nurses who previous to the coming into operation of this act hold certificates issued by any hospital authority, or who may have had not less than four-years' experience as nurses, and who do not come within the foregoing provisions, to be registered under this act, the Minister may make regulations prescribing the qualifications or form of examination required and the fee to be paid for the issue of a certificate which shall entitle the holder to registration under this act:

" Provided that no such certificate shall be issued after the thirty-first day of December, one thousand nine hundred and two.

" 6. A certificate given after the coming into operation of this act by the medical officer of any hospital shall not entitle the holder thereof to registration unless a course of at least twelve lectures has been delivered in that hospital in each of the three-years' residence therein of the holder of the certificate.

" 7. When a nurse is duly registered she shall receive a certificate in the prescribed form, together with a badge bearing her name and the date of registration.

" 8. Every person who procures herself to be registered under this act by means of any false or fraudulent representation, or by the production of any false certificate or testimonial, is liable to a penalty of five pounds, and her name shall be erased from the register.

" 9. Any registered nurse who is convicted of any indictable offence shall have her name erased from the register by order of the Governor in Council, and any registered nurse who is proved to the satisfaction of the Registrar and any Stipendiary Magistrate to have been guilty of grave misconduct shall be liable to have her name erased from the register by order of the Governor in Council.

"10. All fees and penalties received under this act shall be paid into the public account and form part of the Consolidated Fund, and all expenses of administering this act shall be paid out of moneys appropriated by Parliament for that purpose.

"11. The Governor may from time to time—

"(1) Appoint fit persons to be Examiners under this act, and fix the remuneration of such persons; and

"(2) Make such regulations as are necessary to carry this act into effect.

"12. In all appointments of nurses in hospitals under the control of boards constituted under 'The Hospitals and Charitable Institutions Act, 1885,' preference of employment in regard to future vacancies shall be given to registered nurses: Provided that nothing herein contained shall be construed to interfere with the employment of probationer nurses in such institutions.

"13. This act shall come into operation on the first day of January, one thousand nine hundred and two."

Simplified account of the act, for popularization:

"THE NURSES' REGISTRATION ACT, 1901.

"1. After January 1, 1902, any nurse who has attained the age of twenty-three and holds a three-year certificate of training from her hospital, showing that she has had not less than twelve lectures from medical officer and matron during each year of her training, and who passes the State examination, can be registered as a New Zealand nurse. Examination fee, one pound.

"Any nurse trained in a hospital outside New Zealand, if her hospital training and knowledge prove to be equivalent to that required from local nurses, can be registered. Fee, one pound.

"2. Every nurse who at present holds a three-years' certificate from a hospital, having had systematic instruction from medical officer and matron, can be registered as a New Zealand nurse if she applies on or before June 1, 1902. Fee, ten shillings.

"3. Any nurse who has had four consecutive years in a hospital where systematic instruction and certificates may not have been given can be registered, after passing an appointed examination, if she applies on or before June 1, 1902. Fee, one pound.

"4. Until December 31, 1902, any nurse who may not come within the foregoing provisions, but who has had not less than four-years' experience and complies with regulations required, can be registered.

"Section 12 of act says, 'In all appointments of nurses in hospitals under control of boards constituted under "The Hospitals and Charitable Institutions Act, 1885," preference of employment in regard to future vacancies shall be given to registered nurses.'

Examinations.

"(a) Examinations for the State registration of New Zealand nurses (paragraph 1) will be held in December and May of each year. Candidates must send in name, copy of hospital certificate, and fee to Registrar by November 1 and April 1 each year.

"A detailed syllabus of subjects for this examination can be had upon application to the Registrar.

"Candidates will be allowed to take the subjects of anatomy and physiology at end of second year in hospital.

"If a candidate fail to pass the first time, she can try again at the next examination, but if she fail again she will have to pay another fee before being allowed to enter for examination for the third time.

"(b) Examinations under paragraphs 3 and 4 will be held at such places and times as may suit the convenience of the department and the candidates for registration. Candidates will be examined in elements of anatomy and physiology, medical and surgical nursing, invalid cookery, and household hygiene.

"D. MACGREGOR.

"October 28, 1901."

[As the same subject of registration is dealt with in the report of "Nursing Organization in Africa" sent to the International Congress of Nurses, we will give this report in the next number.—Ed.]

THE ITALIAN HOSPITALS AND NURSING

To the Editor of THE AMERICAN JOURNAL OF NURSING.

Six months spent in Italy during the present year have given me an opportunity to learn for myself something as to the status of Italian hospitals, and although my stand-point is not that of the professional, my interest in and familiarity with hospital work in America had established for me a standard of comparison which was of great assistance to me in the observations I was enabled to make through my introductions to physicians and nurses.

In Norway, Sweden, Denmark, Holland, Belgium, Germany, and Switzerland it was plain that fairly good, in some instances excellent, work was being done, but Italy presents in this, as in other directions, special complications, and is, partly for that reason, specially interesting, so that I considered myself very fortunate when I found that my lines had fallen within her pleasant borders.

Making my headquarters in Rome, it was soon evident that both the best and the worst which Italy could show were there within my reach, from San Spirito, founded in 1198, with its capacity of three thousand beds, lunatic wards for four hundred and fifty, and a foundling hospital, to the new military hospital, said to be the best, either civil or military, in the kingdom. What the worst meant in the scale of Italian hospitals I thought I knew; as to what the best might be, I could only guess, and I therefore obtained from the Minister of War permission to inspect the newly erected Army Hospital, receiving, however, before my visit, a very frank warning from one of the most progressive of the Roman physicians.

"Don't fancy," he said sadly, "that you are going to see an American hospital—it will be quite different; we have so much to learn, and we are very poor." In spite, however, of this preparation, I was somewhat disappointed, for in no respect was it more than second rate, while the lack of discipline and consequent disorder were strikingly unpleasant, particularly as they have their rise in race characteristics which will be difficult to overcome. As to the Roman hospitals in general, I do not need here to go into detail, one fact will indicate typical conditions. In the Maternity Hospital on the Piazza di San Giovanni there was no sterilizing apparatus of any kind, and the arrangements for disinfection were of the crudest, a state of affairs which requires no comment. On the other hand, it must be remembered that the material, either stone or cement, of which all these buildings are constructed, favors cleanliness, while the climate is such that ventilation practically takes care of itself. Thanks to these two

permanent factors, dirt and foul air are not so much in evidence as one would expect from the national indifference to them.

From previous and later observations I am convinced that it is fair to take Rome as an average for the kingdom, for granting that in Northern Italy the situation is perhaps better, in Southern Italy it is unmistakably much worse.

Equally I am sure that there will be no radical improvement in any direction until competent trained nurses are given charge of the hospitals. There are not a few earnest and able physicians in Italy, men who have made their record on the scientific side, but I do not believe that it is an exaggeration to say that one trained woman superintendent of the right kind could do more for the physical regeneration of Italy than the entire staff of a university. It is the habits of the people, their daily standards of life, which must be changed and raised, and there is not so good a place to begin as in the wards of a hospital, for nowhere is it so easy to conquer prejudice and to illustrate the value of right living.

The "*Casa di Cura*" already alluded to, deserves more particular mention, because it is in several respects a new departure and has already proven its usefulness. Miss Turton, the lady superintendent, started this home with the approval and coöperation of the Florentine clinical professors, and with two especial objects in view, (*a*) to provide sick people of all nationalities with a home where they could be nursed at the least possible expense, (*b*) to make known to doctors and patients the quality of the nurses she or her colleague, Miss Baxter (Johns Hopkins Hospital), had trained in Italian hospitals.

English or American nurses are of necessity expensive. Italian nurses trained on English and American lines (by Miss Turton or Miss Baxter) can be had for five francs per day or even less when engaged by the month in Rome, Naples, or Florence. Miss Turton therefore was convinced that by employing Italian nurses for her fixed staff, with one experienced English assistant, and calling in other English nurses only when especially desired by patients or their friends, she could provide invalids with the best chances of recovery at the least possible expenditure. The Villa Regina Natalia, 48 Via Bolognese, was rented and opened last year at most reasonable rates, it being arranged also that patients could be accompanied by members of their family or by a servant, could have either the ordinary nursing of the hospital or special nursing (five francs per day for an Italian, ten to fifteen francs for an English nurse), and could call in any doctor of repute whom they might desire, whether of English or other nationality.

Miss Turton's report for this year is on the whole satisfactory, for though the number of patients has been small (thirty-two), the record of recoveries is excellent, while she considers that she has proven the quality of her Italian nurses.

Their patience, combined with their sweetness of manner and remarkable deftness of touch, make them particularly acceptable to nervous or chronic invalids, while their inability to speak anything but Italian is not so serious a matter as it seems, because of their quickness in interpreting signs and picking up necessary words. In fact, one patient who was most enthusiastic in regard to his Italian nurse, to whose care he felt that he owed his life, claims that he went through his long illness with no other means of communication than that afforded by his school-boy Latin, resuscitated as an experiment.

The home is delightfully situated just outside the city limits on high ground and is well equipped both for serious cases, for convalescents, or for travellers who find themselves in need of a few days of complete rest in pleasant surroundings, with baths, massage, and proper food.

As an experiment in making nurses out of untried material it is most interesting, while as a hospital and sanatorium it merits an introduction to Americans travelling in Italy, many of whom, going in pursuit of health, break down completely under the discomforts of hotels and pensions.

In all the large cities there are, of course, foreign nurses, mostly English and German, to be had, but naturally they do not touch the root of the matter,—in fact, their influence does not, as a rule, reach beyond the rooms of their patients. There should be training-schools for Italian women, and to the superintendents of these schools, who must for some time to come be foreigners, should be given charge of wards in the various large hospitals, where they may demonstrate the value of their work and the fitness for it of Italian women. So far as I know there is but one voice as to Miss Baxter's work in Naples, and in Florence I was fortunate in being able to go over the ground thoroughly with Miss Turton, whose "Casa di Cura" in the Via Bolognese is most attractive and promises to be a permanent success. Miss Turton believes that excellent material for nurses can be found among Italian women, and that, as they are much less expensive than the imported nurses, they will rapidly find favor in the eyes of foreign invalids.

But, more than this,—that is, to those who believe in the far-reaching character of this work,—is the patent fact that it is only through nurses of their own race that Italian households can be got at or Italian hospital directors won over. Naturally there are many difficulties in the way of such a movement as this, but, as I have already said, it is in these difficulties, their novelty and, so to speak, picturesqueness, that much of the attractiveness of the field is to be found.

To me, as a casual observer, the most important obstacles seemed to be: (1) The fact that the ground has already been preëmpted by the numerous nursing sisterhoods of the Roman Catholic Church, who are, as a rule, quite without scientific training, and it will be no easy matter to oust tenants whose rights of possession cover from two to ten centuries. (2) That Italian women of the better class, who should be at the head in such an undertaking, are, in the main, not only ultra conservative, but actually indifferent in regard to active reform work of any kind. Both by tradition and training they are predisposed to inactivity and seem also as yet to lack the qualifications for leadership. (3) That the class of women who with us and in England find their vocation in hospital work does not exist in Italy. It would be only in isolated cases and distinctly in the face of the proprieties that a woman above the rank from which upper servants are drawn could attempt to take a nurse's training. It will be only through a combination of many and powerful influences that middle-class Italian women will be drawn from their homes into what is, to them, the publicity of a nurse's life, and induced to undertake duties which they consider demeaning except to those who are bound by religious vows to their performance.

But while I do not undervalue the seriousness of the above facts, neither have I any doubt that out of them may be carved victory by women of intelligence and tact—though I am inclined here to reverse the order and put tact before intelligence, for at present the elements of Italian society are far from homogeneous, and to steer one's way between the old order and the new, utilizing and at the same time keeping friends with both, requires quick appreciation of one's surroundings and more than ordinary self-control.

All this, however, only strengthens, I believe, the probability that for some time to come the opportunity will lie at the door of American and English nurses,

a situation which is likely to be watched with much interest by members of the profession both here and abroad.

The gauge of a people's civilization is the condition of its schools and hospitals, and as yet "United Italy" has not much to show beyond the desire for something better. To her, "the woman among nations," it seems especially fit that the hands of strong women everywhere should be held out, and I can imagine few careers more tempting to a woman conscious of her own ability and sure of her equipment than that which would open before her in accepting an opportunity to remodel the nursing service of an Italian hospital.

F. M. ARMSTRONG.

PROGRESS IN NURSING EDUCATION IN CUBA

MISS HIBBARD writes from Matanzas that rules and regulations for the general use of schools for nurses in state hospitals have just been approved by the governor and become law.

By this law the schools for nurses in the state hospitals are affiliated with the University of Havana, and the theoretical instruction is under the supervision of the university. In other words, the nurses' teaching is now a part of the state Educational Department. This most gratifying and advanced step forward has been taken as the result of the labors of a committee of which Miss Hibbard was a member, and which formulated the regulations thus established by the government.

We warmly congratulate our Cuban sisters, who are thus assured from the outset of the protection of the state in their responsible work, and as warmly congratulate Miss Hibbard and the other members of the committee on their able handling of the fine opportunity thus presented to them. Miss Hibbard promises more details later.

ITEMS

THE reports of our foreign delegates to their various associations make very interesting reading. The *Nursing Record* has Miss Mollett's to the Matrons' Council, and Miss Cartwright's, the latter dealing specially with the private duty of this country; *St. Bartholomew's League News* has Miss Waind's; Miss Hughes and Miss Wood will report later to their various societies, and all the foreign journals have had quite detailed reports of our proceedings. Miss Van Vollenhogen, our Holland nurse who was so cordially received by the audience, has written a most delightful and stirring article to the Dutch *Maandblad*, in which she tells the Dutch nurses right roundly that they will never get ahead until they organize and do for themselves as the American nurses do.

We are sure her letter will send several people to bed with wet compresses on their heads!

Nothing could be kinder than the reports of our English colleagues. Their very criticisms are so pleasing that we want more of them.

Miss Mollett is organizing a League among her nurses.

Miss Amy Hughes has accepted the post of superintendent of the Queen's nurses in the rural districts, a work which will suit her to perfection.